



Kansas Dietetic Association's Medicaid Policy Recommendation

February 26, 2011

OVERVIEW

The Kansas Dietetic Association (KDA) is the state's largest organization of food and nutrition professionals, mainly formed by Registered Dietitians (RDs), and is one of 53 affiliates of the American Dietetic Association (ADA). KDA is committed to optimize the health of Kansans by being part of the solution to reduce healthcare costs while still delivering quality services.

DESCRIPTION OF ISSUE

With Health Care Reform, it is imperative to find the best opportunity to reverse growth in the number of uninsured and increase health care coverage too nearly all Americans that is affordable for individuals and fiscally sound for the nation. This document proposes a review of the current Medicaid coverage of Registered Dietitians in the state of Kansas.

PLAN OF ACTION

The Kansas Dietetic Association recommends that the Kansas Medicaid Program extend provider privileges to Registered Dietitians for the purpose of increasing access to preventive care services, decrease healthcare cost associated with nutrition-related conditions, and to provide quality medical nutrition therapy for prevention and chronic disease treatment and management by qualified professionals. KDA proposes Medicaid coverage for:

- Preventive Services: Individual nutrition counseling for both adults and children population.
- Diabetes Education: Individual and group nutrition counseling for patients diagnosed with diabetes mellitus.
- Prenatal Care: Individual nutrition counseling, once during prenatal care for prenatal nutrition as well as breastfeeding education and coaching.
- Managed Care: Individual nutrition counseling, once per calendar year and follow-up interventions monthly as necessary for the self-management of various chronic diseases states such as weight management, cardiovascular, gastrointestinal, renal, and hepatic conditions.

JUSTIFICATION

Registered Dietitians utilize a standardized nutrition care process to apply evidence based science in the provision of care and services. The RD credential, established by the American Dietetic Association, is recognized by both the National Academy of Sciences, Institute of Medicine report on the role of nutrition in health care.,

"With regard to the selection of health care professionals to provide nutrition therapy, the registered dietitian is currently the single identifiable group with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of medical nutrition therapy."¹

Most primary care physicians agree that nutrition is a significant factor in the prevention, treatment and management of chronic disease; 94% for prevention of chronic disease and 95% for the treatment and management.² Data supports long-term cost savings with medical nutrition therapy.

COST SAVINGS THROUGH EFFECTIVE CARE

Data show that medical nutrition therapy (MNT) yields improved clinical outcomes and reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes, lipid disorders as well as other chronic diseases.

- The Lewin Group documented an 8.6% reduction in hospital utilization and 16.9% reduction in physician visits associated with MNT for patients with cardiovascular disease. Additionally, they saw a 9.5% reduction in hospital utilization and 23.5% reduction in physician visits with MNT was provided to diabetic patients.³
- RD's providing lifestyle intervention to obese or diabetic patients reduced the risk of having lost work days by 64.3% and disability days by 87.2% compared to those receiving usual medical care. Every dollar invested in the program produces a return of \$2.67 in productivity.⁴

¹ The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population(Free Executive Summary) <http://www.nap.edu/catalog/19741.html>

² The Role of Nutrition in the Treatment and Management of Chronic Disease: A Survey Among Primary Care Physicians, Hart Research Associates, June 2009

³ What does it tell us, and why does it matter? The Lewin Group, Johnson Rachel. *J Am Diet Association* 1999;99:426-427

⁴ Translating Lifestyle Intervention on Lost Productivity and Disability: Improving Control with Activity and Nutrition (ICAN). *J Occup Environ Med.*2009 February;51(2);139-145.

- Prenatal nutrition programs that target high-risk pregnant women have been shown to improve long-term health outcomes in children, saving at least \$8 for each dollar invested in MNT. ⁵

IN KANSAS...

- 1-2 % reduction was seen in A1C levels for clients receiving MNT through a telehealth nutrition clinic during a recent four month study
- In Salina, a worksite wellness program operated by 3 RD's estimates a ten year savings of \$6000 per employee in reduced health care costs
- A 25 year old woman with uncontrolled Type I diabetes for ~ 12 years achieved normal control with a HgbA1C level of 6.3% after 6 months of MNT with a RD
- Costly dialysis treatments were avoided for 5 years by a 60 year old woman working with a RD on nutrition strategies to improve her quality of life

REGISTERED DIETITIANS PROVIDE POSITIVE RETURN ON INVESTMENT

Registered Dietitians delivering Medical Nutrition Therapy are cost effective in treatment and prevention of disease. Keeping a client out of the hospital for one day covers the cost of 15+ visits with a Registered Dietitian.

The Kansas Dietetic Association appreciates the opportunity to share ideas to optimize the health of Kansans. Please contact us for further discussion.

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⁵ Validation of a Screening Tool to Identify the Nutritionally At-risk Pregnancy. Duquette MP, et al, *J Obstet Gynaecol Can.* 2008 Jan;30(1):29-37